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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

CLINICAL CONTRIBUTIONS TO OPHTHALMOLOGY.

BY P. D. KEYSER, M.D.,
Of Philadelphia.

Perforating Wound of the Sclerotics, Partial Detachment of the Iris from its Ciliary Border, and Rupture of the Choroid. Recovery of good Vision.

On the 9th of September, 1873, a boy threw quite a large piece of hard mortar at David C., aged 15 years, of Wilmington, Del., striking him on the left eye, knocking him down senseless for a short time. He was carried home to his bed, where he lay for two days, unable to raise his head in the least without retching and vomiting taking place. The lids of the eye became immediately so swollen that they could not be opened for five days after the injury, so that no examination of the condition of the eye was made. The lids were not in the least injured from the blow. Cold water cloths were continually laid over the eye until the swelling was all gone, when he was sent to me, nine days after the injury, in the following condition:—

Lids free from any swelling, open well and freely; ocular conjunctiva somewhat injected, particularly peri-corneal. About 3 to 4 m.m. inside of the edge of the cornea there is a vertical incision in the sclera, of 3 to 4 m.m., which is in fine process of healing. The upper part of the iris is torn away from its ciliary attachment and falls a little down, causing the top of the pupil to be straight instead of arched. The

anterior chamber and pupil are perfectly clear; all hemorrhage which must have been there was entirely absorbed. Vision $\frac{4}{6}$. No pain either in the eye or over the brow. Ophthalmoscopic examination shows quite a peculiar and extended rupture of the choroid. A yellowish white band is seen starting out just above the optic disc, rising in a curve forming an arch across the top of the disc, then falling down in a curve to a little distance below the lower edge of the papilla, along the line of which the edges of the ruptured choroid can be plainly distinguished. For some distance around the rupture there is a choroidal hemorrhage which can be well mapped out.

See accompanying figure.



The retina is in proper position, the vessels running over the ruptured choroid in their normal condition. There is no effusion into the

vitreous. The artificial leech was applied to the temple, the cold water applications over the eye still continued, and iodide of potassium given internally.

October 9th. The wound in the sclera is completely healed; the ocular conjunctiva has the normal healthy appearance. The hemorrhage around the rupture in the choroid much lighter in color and reduced in size. The ruptured edges sharp and well defined. Vision improved to $\frac{20}{60}$ and reads No. 13 Jäger's test types.

November 10th. Choroid has still a more normal appearance. Vision increased to $\frac{20}{6}$ and reads No. 5 Jäger's types.

December 15th. Choroidal hemorrhage all absorbed. Vision still improving $\frac{20}{L}$ reads No. 4 Jäger's types. Was now allowed to return to school.

Phosphatic Degeneration of the Cornea.

D. M., aged fifty-three years, came to my clinic at the Wills' Eye Hospital, February 25th, 1873, complaining that with the left eye "he could not stand the light, move the ball, nor open the lids, without a great scratching pain." On opening the lids to examine the eye no inflammation of the conjunctiva of either the lids or bulb, nor peri-corneal injection, was present, but a translucent infiltration was seen running in a horizontal line across the centre of the cornea, from the inner to the outer edge, and completely covering the pupil. The opacity was of cone shape, with the base at the inner edge and apex at the outer one. On the upper edge or line, immediately over the upper border of the pupil, there was a point slightly raised and of a shining crystalline appearance. There is an utter impossibility to open the lids without pain from the light, and a feeling as if a foreign body was in the eye.

The history given was that the vision had been getting dim for some time back, but had had the photophobia only a few weeks previously to his presenting himself at my clinic. He has suffered much from rheumatism in the hips and back at times, otherwise healthy. Had been infected with syphilis some twelve or fifteen years ago.

To remove the scratching feeling, I lifted the crystalline point off with a needle, which gave instant relief. Placing this under the microscope, it showed itself as a collection of beautifully formed small, transparent and semi-transparent crystals 1 m.m. long by 0.80 m.m. wide.

Aug. 14, 1873. A new deposit of crystals has begun to form in the same place from which the above was removed. He was admitted this day into the hospital, for observation.

September 2. 1873. It has increased to about the size of the previous one, so I determined to remove it for chemical and microscopical examination.

On account of the very great sensitiveness of the eye, the patient was etherized. The crystal was delicately lifted off, after which I examined the diffused translucent infiltration in the cornea, and found it to be just under the epithelium, and would scale off in thin broad plates. I removed it all. By chemical examination it was found to contain phosphate and carbonate of lime. The larger and thicker deposit was found, under the microscope, to be, like the first one, a collection of small transparent and semi-transparent crystals, 1 m.m. long by 0.50 m.m. wide. While under the anæsthetic the fundus of the eye was examined with the ophthalmoscope. The cornea not being perfectly transparent, a perfectly defined view could not be obtained. However, two irregular light pinkish spots or plaques could be discovered in the choroid. There were no collections of pigment around them, or anywhere to be seen. They had not the appearance of inflammatory or of atrophic spots. Acid treatment was ordered. Sulphuric acid given internally, and the cornea touched daily with acetic acid diluted.

November 1, 1873. Under the acid treatment the eye has improved daily. The cornea is clearing. Being nearly transparent over the pupillary region.

January 1, 1874. Still improving; can open the eye freely and steadily. The light does not affect it.

March 1, 1874. Returned with the scratching feeling again. A new plate of crystals is forming in the lower line of the pupil.

April 7, 1874. Removed the plate, and placed it under the microscope for examination, when it was found to be the same as the previous ones, above described.

The only case I know of, of this nature, is mentioned by Bowman, in his lectures, of one in which "he removed from under the epithelium of the cornea a deposit of a salt of phosphate and carbonate of lime, which had formed in the course of several years without any inflammatory action."

Glaucoma Simplex, with a Diffused Brown Infiltration in the Cornea—Absorbed after Iridectomy.

Some peculiar forms of cloudiness of the cornea have been noticed in cases of glaucoma, supposed to have been caused by the intraocular pressure. V. Graëfe, in his writings in the *Archiv für Ophthalmologie*, speaks of two different forms that may be seen in connection with secondary glaucoma. The first of which is a sclerous infiltration, which is not relieved by iridectomy. The second is a circumscribed rectangular ribbon-form opacity. Schiess-Gemuseus, in the *Klinische Monatsblätter für Augenheilkunde* x Jahrgang, p. 332, describes another form, "being a uniform cloudiness spreading over the whole of the cornea without any change in the epithelium, as in diffused keratitis," which he observed in a case of glaucoma simplex.

As these cases are rare and of importance, I present the following case that came under my observation, as being still another new form of infiltration in the cornea in glaucoma which was entirely absorbed after the operation of iridectomy.

Mrs. A., aged forty-four years, consulted me October 11th, 1872, about a mist or cloud before the sight of the left eye, which had been troubling her since the recovery from an attack of variola the June previous. From outward appearances, at first glance, nothing could be seen to indicate any disease of the eye. There was no inflammation of the conjunctiva, no pericorneal injection, no pain, nor had there been any during the attack of variola. The surface of the cornea had its natural shining appearance. The vision was found to be reduced to $\frac{20}{40}$. The tension of the ball was considerably increased, T+1. The fundus of the eye could not be defined with the ophthalmoscope, as there was a thin brownish tinted cloud in front. By minute examination this cloud was found to be a brown colored infiltration spreading in the centre of the cornea, while the periphery was still clear. By concentrated light from a convex lens it could not be well distinguished over the pupil and naturally dark hazel iris, on account of its color being of the same tint. The right eye was found normal; vision $\frac{20}{20}$; no increase in tension.

November 4, 1873. Complained that the vision of the right eye was not so clear as it formerly was, and that she had suffered pain

in both eyes at times since she last consulted me. The pupils of the eye were somewhat dilated. The tension had increased in either ball to T+2. There was no peri-corneal injection. With the ophthalmoscope the central artery of the retina in the right eye was plainly seen pulsating, but the optic nerve was not cupped. Vision reduced to $\frac{20}{40}$. The field of vision somewhat reduced in the inner and upper side. The fundus of the left eye could not be distinguished. The brownish infiltration in the cornea somewhat denser, and could be seen more distinctly than when first examined. Vision $\frac{20}{40}$.

The increased tension, pulsating artery and decrease in the field of vision being marked symptoms of glaucomatous trouble, an early iridectomy was recommended, which I made the following day.

November 5. The patient being well etherized, a large iridectomy was made in the upper section on either eye. There was no hemorrhage into the anterior chambers. Both healed well in a short time.

November 15: Tension either eye normal. Vision right eye $\frac{20}{20}$. Left eye, the cloud still before it, but less dense.

December 1. The infiltration in the cornea of the left eye nearly all absorbed. Vision this eye $\frac{20}{20}$.

December 17. The cornea of the left eye perfectly clear. Vision $\frac{20}{20}$. Right eye, vision $\frac{20}{20}$. The fields of vision normal. From the absorption taking place so readily and completely after the iridectomy, there is no doubt, in this case, that the corneal infiltration was caused in some way or another by the increased intraocular pressure.

RARE CASES IN SURGERY.

BY CHARLES G. FOLK, M.D.,
Of Philadelphia.

The following cases illustrate more especially the great tenacity of life with which some men are endowed, rather than the value of any mode of treatment.

In the battle of Grahamville, S. C., a soldier of the 127th Regiment, New York Volunteers, was struck about the centre of the left parietal bone by a conical ball, which passed about half way of its length through the opposite parietal. I extracted the ball with some difficulty. Not an unpleasant symptom followed, although the

brain exuded both at the point of entrance and its extraction. In the same engagement another soldier was struck by a ball about an inch posterior to the right eye, which severed the optic nerve, and passed to the opposite side of the head or face. We (several medical officers), supposed it lodged about the left antrum. No brain symptoms were manifest. About the same time Dr. Charles T. Reber, then Surgeon U. S. V., amputated a leg in the middle third of the thigh. The man was a patient of mine. Although the man's condition was very unpromising, the flaps (it was a flap operation) united within two weeks, with scarcely a trace of suppuration; almost adhesion by the first intention. I think there was no unusual management.

All the above were treated by me in Ward D, Hilton Head Hospital, in December, 1864, while on temporary duty there.

The following case has more practical interest.

Corporal Frederick Ott, Company E, 93d Pennsylvania Volunteers, was wounded on the 25th of March, 1865, in the battle of Fort Steadman; was admitted into Ward 6, Finley Hospital, April 4th, and came under my charge. He was writing a letter when I first saw him. Upon examination I found a bullet wound an inch and a half below the elbow joint. The hole extended to the ulna, but there was no fracture at the point of impingement. Mr. Ott showed me the ball which had inflicted the wound, and which he said he found in his shirt sleeve. Regarding the wound as trivial in its character, I ordered water dressings, and gave it no interest for nearly a week. One day one of my nurses called my attention to the case, and, to my surprise, erysipelatous inflammation had supervened upon the wound. A careful examination of the wound revealed the fact that the olecranon process and the head of the humerus were broken in several pieces. His system was very much depressed, and resection out of the question until the complication could be overcome. I placed him on the tincture of iron and the sulphate of quinia, with local applications of lead water and opium. This treatment was successful in abatement of the inflammation, but, in the meantime, symptoms of a graver import had supervened. The complexion had become of a yellow, waxen, cadaverous hue, the eyes were dull and sunken, the pulse rapid and feeble, with marked vital prostration. On auscultation the middle and upper lungs betrayed

the presence of serious lesions, while a hacking cough worried him very much. My mistake in diagnosis had proved a very unfortunate one. My patient had pyæmia, and it seemed as if the thread of life was to be soon broken. Although an operation was condemned by the other members of the staff as the "refinement of cruelty," the articular terminations of the ulna, radius and humerus were removed on the 6th of May. I immediately prescribed

R. Liq. amm. acet.	℥ivss.
Spts. æth. nitrosi	℥ss.
Morphia sulph.	gr.j.
Ant. pot. tart.	gr.j. M.

Sig. Tablespoonful every two hours, in an ounce of camphor water.

Visited him at 8 P.M.; found him suffering considerable pain; ordered a drachm of the solution of morphia to be added to each dose. Saw him again at midnight; he was sleeping calmly; discontinued the extra drachm of morphia, and ordered the mixture to be given every three hours; found him more comfortable than anticipated, but very weak; the cough quite troublesome; continued cold water dressings to the wound, and ordered Barham's iron mixture, in drachm doses, every three hours.

He is quite comfortable this morning; the wound looks much more healthy; the suppuration, which had heretofore been acrid and offensive in its odor, is much more laudable; applied a flaxseed poultice to the wound, and ordered him to take one drachm of the syr. phosph. iron, quinia, strychnia, with ammonium phosphate, every four hours, in a wineglassful of water. From this time the case progressed to a cure without a drawback; the false joint was nicely formed; and the final result was the best I have ever seen obtained by myself or any one else in resection of the elbow joint.

I presume Mr. Ott is still alive, and I would be very thankful to him or to any one else for his address. The shattered olecranon and the ends of the radius and humerus constitute specimen No. 4287, of the Army Medical Museum.

Reaction of Oleum Menthæ.

Jehn has observed that when oil of peppermint is brought into contact with chloral hydrate the mixture soon turns red, and finally acquires a dark cherry red color. The tint is not destroyed by boiling, and is intensified by sulphuric acid. Other ethereal oils tested failed to give the same reaction.

MEDICAL SOCIETIES.

NEW YORK ACADEMY OF MEDICINE,
STATED MEETING, May 21st, 1874.

DR. AUSTIN FLINT, PRESIDENT.

Some of the Injuries of Brain and Nerves—
Their Sequences and Treatment.

By Dr. Willard Parker.

I only intend to make a few remarks, the results of my own observation during a practice extending for quite a number of years, on some of the injuries of the brain and nerves. I do not intend to touch upon the sympathetic system; I leave that for those who know more of the subject than I do.

I will first mention a class of cases that fall under the observation of the majority of practitioners; I mean the injury received by children from falling on the head. After the injury the child grows pale and vomits; possibly it may faint. The mother asks, in great alarm, Doctor is there any danger? Now we should have some basis on which to ground an opinion. It is important to know, Has the child vomited or not? did it sleep after the injury, and if he did, did he wake up clear? What part of the head was injured? Are the parents healthy? If the child's parents are healthy, if the child has not vomited, and if it woke up clear and intelligent after sleeping, the prognosis is good. The child should be allowed to sleep and obey the voice of nature. Some insist on keeping the child aroused, but it is not proper treatment.

Bloody Tumors of Scalp.

Bloody tumors of the scalp are of two kinds. First, that occurring in new-born children, and Second, that due to extravasation of blood from injury. The first question asked is, is there any danger? and answering it we must be guided by the same class of symptoms that occur in the previous class of injuries to the head. If there is no lesion to the brain, my own experience is to let them alone. I recollect one case of a child of about ten years of age who had the head injured at school. Extravasation took place beneath the scalp, over the frontal and parietal bones, to such an extent that it resembled a case of chronic hydrocephalus. That case recovered perfectly without interference. But when it was getting well there was an intolerable fetor that arose from it.

Laceration of Brain without Concussion.

There are two classes of laceration of brain which may occur without concussion or compression. First, that made by a pointed instrument. Second, that caused by some force striking the head at a tangent. The first class will be very liable to deceive young practitioners, for, during the first twenty-four or forty-eight hours no disturbance arises, and there is a strong temptation to render a good prognosis. But it is best to be guarded, and it should be

the rule not to dismiss the case before clearing away the fragments; and if necessary make a clean incision down to the injured bone and remove any penetrating fragment that may be detected. Meet inflammatory advances by antiphlogistic measures, such as a diet of fruit and farinaceous substances; but the agent to be relied upon is the lancet. The profession must swing back to the judicious use of this powerful agent. It may be true that our forefathers in medicine used this injudiciously, but my decided conviction is that we have none to take its place. As a local dressing to the injury, cold water answers all indications. I call to my mind a remarkable case of this variety of injury of the skull and brain, that occurred in a child. Shortly before, some rose bushes in the garden were cut away, leaving the stumps sticking up; the child fell down and struck her head so as to cause one of these stumps to penetrate her brain. She did not complain of it specially at the time, nor indeed for a day or two, but at the end of that time inflammatory trouble arose, and on the fifth day she died of tetanus. It was not thought, at the time of the injury, that any treatment was necessary, nor was the wound explored. As I said before, so I say again, do not dismiss this class of cases before making a searching and thorough examination.

The second class is the reverse of the first; when seen after the injury they look shocking. The laceration is caused by some body striking the head at a tangent. Forty years ago I met a case of this kind where a horse struck the anterior portion of the calvarium with his hoof, and tore away part of it, and loosened the orbital plate. There was but little concussion in this case; I saw him after twenty-four hours, cleaned out the wound and left him to himself, without any great hopes of his recovery, but he did recover, with some sloughing of the brain substance.

There was another case of a similar nature, where a man was hurt by a blast. I found him sitting by the fire with his head in his hands; he looked up and said, are you the doctor? I examined the case and found quite an extensive laceration of the brain substance. The wound was cleaned out, and beyond a certain amount of sloughing of the brain no further difficulty ensued. As I said, in this class of cases the prognosis is good. It is only necessary to clean out the wound and keep the patient quiet.

Traumatic Epilepsy.

Injuries of the upper part or convexity of the brain usually cause convulsions, whereas, on the lower part, vomiting is the general result. As a result of injuries of convexity we are liable to have epilepsy coming on some time after the injury. The operation of trephining, though sometimes successful, cannot always be relied on. I met a case of traumatic epilepsy, where, assisted by Dr. Sands I removed a button of bone, and found on the under surface a slight excrescence about half the size of a grain

of rice. This operation relieved him, but did not effect a complete cure. After six months I determined to tie the carotid artery on that side. He was relieved again. Ligating the carotid is an old practice in this disease, and in this case it proved very satisfactory, for it is now twenty six years since the operation, and he is quite well. At times, when excited, there is a tendency to a convulsive seizure resembling the *petit mal*, but on the whole the result must be considered good. Another case was operated on, and little if any benefit resulted. In those cases, after they have been injured, a sensitive place remains on the skull, and this forms the guide for operation. In a case of a man who was hit on the head by a hat stand and had resulting epilepsy, an incision was made down to the bone, and irritation kept up in the wound; by degrees the patient recovered. It will frequently be found that if an epileptic receives an injury, as a burn, so long as it is healing he will not be troubled with convulsions, and when it is well the convulsions reappear.

Injuries to the Nerves.

In injuries to the nerves my views have changed since I began practice. I think now it is better, in case of severe pain, the result of injury to the nerve, to go down and remove the cicatrix or cause of the pain. Thirty six years ago I saw a patient with a part of a needle in the ball of his great toe. He received the injury walking across the carpet. It was vainly endeavored to remove the needle at the time. When I saw him I tried to remove it, but failed. He was then suffering very severe pain, and it was decided to cut out a section of the posterior tibial nerve, which was done. For a period of six months after this operation he was completely cured, but at the end of that time he was worse than ever. It was then thought that his only permanent relief consisted in having the leg amputated. The patient readily consented to this, and afterward no further pain was felt. In a similar case of injury to the nerve by a needle I failed to get the fragment out, and had recourse to the same operation of excising a portion of the nerve, but this time with permanent success. But as I have said, my view at the present time is that it is the better plan to go down to the seat of injury and remove it. If I had done so in the first case I should have saved the leg to the patient.

Concussion of the Nerves.

The symptoms that guide us in concussion of the nerves are excessive sensibility of the limb, with a lower temperature than normal. I met one case where a diagnosis of inflammation of the knee-joint had been made, and the after history of the case proved that none existed. However there had been severe injury to the limb. I have made many mistakes in this class of cases, and I believe many others do the same. The treatment to be pursued consists in sham-pooing the limb and keeping artificial warmth applied. Electricity also should be used.

NEW YORK COUNTY MEDICAL SOCIETY, STATED MEETING, May 25th, 1874.

DR. ELLSWORTH ELLIOTT PRESIDENT.

Hydrophobia.—Its History and Sanitary Treatment.

By Dr. Chas. P. Russel.

Dr. Russel confined himself mainly to the history of the disease in the dog and other animals affected with it. He referred to its mention and description by Hebrew historians, and to the fact that Theocritus and Plato observed it in wolves. Virgil and Ovid refer also to it in their writings. It is commonly supposed that if a dog drinks water he does not have hydrophobia. This is not so, for a dog affected with the disease is able to drink without any difficulty. In man, on the other hand, water causes laryngeal spasm, hence the name given to the disease and to the error in respect to dogs. Much discussion exists as to whether the disease arises *de novo* in dogs or is the result of inoculation. This, like syphilis and other diseases of the class, can never be settled satisfactorily, but one thing is certain, that in man it is the result of inoculation. Dogs are not the only animals susceptible to it, for it has been noticed in foxes, wolves, raccoons, cats, and others. There have been described two varieties, but inasmuch as the symptoms differ at different stages of the disease it is hard to decide the matter.

During the first stage of the disease the most noticeable symptoms are melancholia, an irritable disposition, with a tendency to grasp at objects, costiveness and vomiting. The dog has a morbid appetite, will eat his own dung and anything else that may come in his way. The dog is also delirious, and manifests it by snapping at invisible objects. He may also have strabismus. A most important sign is the change in the voice, which, beginning with the ordinary bark, ends in a howl. The value of this sign was proved in Paris, where two students of the veterinary school coming home late at night, heard the howl of a dog in a neighboring house. They searched the dog out and explained the matter to its master. He was wise enough to heed their counsel and in a few days pronounced hydrophobia developed. The second stage of the disease is *rabies*, the third stage *paralysis*. During the period of *rabies* the dog will pass a traveler on the street unless he is attacked. He seeks for water, and is so insensible to pain that he will mutilate himself. During the later stage he becomes feeble, mouth is open, and there is loss of power in the voluntary muscles.

The disease lasts from four to ten days. Delicate animals die early. It is an erroneous impression to consider hydrophobia a disease of hot weather; it may develop at any time, and, according to some statistics, it was more prevalent during May and September than any other months of the year.

Treatment.—The most important sanitary measure consists in diminishing the number of worthless curs. Muzzling is beneficial also. Dr. Gouley, of Paris, found by removing the points of the teeth, either by the file or by nippers, that the dog was unable to injure the hand when protected by a glove, and if the bare hand were presented it is supposed that the teeth could not penetrate the epidermis. This method of treatment might be practiced on all dogs as a sanitary measure, as it would not interfere with them in eating their food. If any symptoms of hydrophobia appear they should be kept in confinement till it be decided whether or not they have the disease. When either a dog or a man has been bitten the wound should be thoroughly cauterized with either nitrate of silver or nitric acid.

Dr. Garrish was of the opinion that belladonna and assafetida internally, with ice bags to the spine, constituted the best treatment when the disease had developed. In the West, elecampane is a valuable remedy. The doctor was of the opinion that tracheotomy would prove of advantage, with free doses of chloral.

Dr. John C. Dalton.—I have never met, so far, with a case of true hydrophobia in a dog, and am of the opinion that nine-tenths of them are nothing more or less than canine epilepsy. If a dog has a convulsion, and, recovering, has a stupid appearance, the cry of mad dog is sufficient to electrify all who are near. I saw a case of this kind yesterday, while looking out of the college windows. The most important treatment, as has been suggested, is to remove the suspected animal to safe quarters, and keep him until the question of disease is settled. A most unfortunate circumstance connected with the disease is the long suspense that a person has to endure when bitten by a dog either mad or suspected to be so. An important fact, as has also been noted, is the tendency of dogs affected with the disease to swallow all substances within their reach. A playful dog will simply tear what he gets hold of, but will not swallow it.

NEW YORK PATHOLOGICAL SOCIETY, STATED MEETING, April 8th, 1874.

DR. H. KNAPP, PRESIDENT.

Artificial Joint—the Result of an Operation for Excision of the Head of the Femur.

Dr. Lewis A. Sayre presented a specimen of artificial ilio-femoral joint, with the following history. On the twenty-first of January, of this year, at a meeting of this society, he presented a portion of the head of the femur which he had removed that day from the patient who furnished the present specimen.

Five years before, she fell and injured the hip, and from that time the disease of the joint began. This disease had been treated constitutionally with bichloride of mercury and bark, but no improvement took place in the symptoms. At the time of the operation the patient was

greatly deformed with sinuses opening on the sacrum and around the hip; and, on January 21st, she was operated on, and to-day, eleven weeks from that date, she died of prostration. The specimen is of great interest; not only from the rarity of it, but also from the efforts at repair and formation of an artificial joint when there was such extensive exhaustion.

On examination of the specimen we find that, although four or five inches of bone had been removed at the operation, there yet remained two or three inches of necrosed bone on the outer side of the shaft of the femur. On the inner side of the femur there was a new formation of bone which extended up, and at its extremity, which was in contiguity with the ilium, we see the effort of nature to form a new head. This is expanded, something like the head of the humerus, and is furnished with a fibro-cartilaginous covering. At the operation, the diseased bone of the ilium was dug out, and now there is a new acetabulum covered in with tissue somewhat resembling that on the head of the femur. It is almost entirely restored. An abscess had perforated the acetabulum, and made its way posteriorly so as to open at the back of the sacrum. This case shows clearly the benefit of an early operation before so much bone is involved, and shows also how much we may hope for even when the patient has suffered for five years, as was the case in this operation.

Difficulty of Recognising a Calculus in an Empty Bladder.

Dr. Salvator Caro presented two specimens of calculus from women. The first one was from a patient seventy-five years of age. Three years before the operation she went under medical treatment, and was found to have cystitis. Dr. Caro was her third physician, and examined her for calculus, but failed to find it, though she was under observation for six months. She then passed into the hands of another medical man, who had no better result than Dr. Caro. She returned to him after some time, and wished to have injections of salt and water tried with her. Her request was acceded to, and it was found that, after injecting the bladder, and in the process of withdrawing the catheter, a stone was detected. The bladder was then emptied, and a sound introduced, but no sign of a calculus could be discovered. On another occasion the salt and water injection was again used, when the clink of the stone was again detected. It was found then, that, if the bladder was full, no trouble was experienced in making the diagnosis. The urethra was now dilated with sponge tents, and on the fourth day the calculus removed. This stone weighed seventy-five grains, and it was estimated that it lost about twenty-five grains during the operation. The point of special interest in the case was the fact that it could not be detected unless the bladder were dilated, the walls of the bladder involving it and preventing the sound from reaching it.

Dr. Erskine Mason mentioned a case that occurred to Dr. Gross, of Philadelphia. He had

examined the man and found evidences of stone, but, as was his custom, he examined him again before operating. There then was no sign of calculus, but so certain was he of its presence at a former examination that he determined to do the operation of cystotomy if nothing else. At the operation he discovered a calculus of quite large size.

Dr. Caro presented a second specimen of stone. The patient had never given a history of bladder trouble before sending for the doctor. When Dr. Caro arrived he found that whilst the patient was passing her water, suddenly it stopped, and on making an examination found that a stone about half an inch in length was projecting half way out of the urethra. By the aid of a dressing forceps it was readily extracted.

Chronic Meningitis Mistaken for Softening of the Brain.

Dr. Ward presented specimens, consisting of the brain, heart, with a portion of the lungs, from a patient who gave the following history. The patient was well advanced in years and had been ailing for many years.

During 1861 complained of headache, but that passed away and was comparatively well till 1863, when the pain in the head returned. This time he was confined to bed, but in four or five months was pretty well over it. In 1871 the pain in the head again returned, and was accompanied by loud noises, at times resembling thunder, at others that of rushing water; again, would think he heard pistol shots. From this he went from bad to worse, though at times there would be intermissions, but there were no intermissions to the noises in the head. At times he would show signs of insanity, and would have a strong temptation to commit suicide. Again for months he would sit in his chair and twirl his thumbs, at other times he would take fits of reading books that when he was well he showed no interest in. From April, 1872, to April, 1873, everything was a perfect blank to him, and for fifteen months he was unable to write. He was interested in a mercantile establishment, and when his business demanded his signature his friends were compelled to guide his hand to make his mark. After this he rallied, and was able to make his mark without any trouble.

Dr. Ward's professional acquaintance commenced with him last February, when he was called in to draw his water off. He was then complaining of pain in the head and bowels. On the seventeenth of March he was called to see him as his regular medical attendant, but there was but little change. He continued up to April 2d, when he died. Four days before his death he lost his sight, but showed no other special symptoms.

Autopsy.—Brain—The dura mater was thickened and inflamed. Veins of the pia mater injected. The arachnoid was thickened, and beneath it there was what appeared to be portions of a false membrane. Gray matter was indistinct. No softening was discoverable over

any part of the surface or when it was cut into. The vessels at the base of the brain were atheromatous, so also were the carotid innominate and subclavian arteries. There was a large amount of liquid in the ventricles and cavity of the arachnoid. The weight of the brain was fifty-two ounces. The heart was diagnosed to be diseased, but at the autopsy no trace was visible. The valves, as proved by the hydrostatic test, were found to be perfect. The most interesting point in the history of the case was the fact that the diagnosis of softening of the brain had been so frequently made, and never once chronic meningitis suspected.

In answer to the President, Dr. Knapp, Dr. Ward said he regretted that the eyes had not been examined by the ophthalmoscope. Dr. Knapp stated that some time ago he had observed a similar case where hemiopia was noticed, and at the post-mortem it was found that the chiasm was pressed on by the vessels at the base of the brain. Dr. Ward said that when he entered the society he presented a case of cancer of the brain, with hemiopia; the peculiarity of the case was that when the patient sat up he could not see, but when lying back on the bed he was able to see. This was accounted for at the autopsy by finding a cancerous tumor so situated that when the patient sat up it pressed on one side of the optic tract.

Caries of the Dorsal Vertebrae.

Dr. Erskine Mason presented a specimen for a candidate. The history of the case was one of progressive caries of the vertebrae, together with paraplegia and anæsthesia of the lower extremities. The patient had been an inmate of the Hospital for the Ruptured and Crippled, and improved there under treatment. It was noticed, however, that anteriorly in the neck a tumor developed, which apparently broke into the bronchi. Eventually the patient succumbed and died. The specimen was an excellent one of caries of the dorsal vertebrae, the seventh and eighth being almost entirely gone. The site of an abscess was discovered in the posterior mediastinum connected with the diseased vertebrae.

Cancer of the Conjunctiva—the Result of Injury.

The president called Dr. Mason to the chair, and presented a rare specimen of epithelial cancer of the conjunctiva. A rare specimen of a rare case.

The patient had been sent to Dr. Knapp from the country. He was about seventy years of age, and had been struck with a chip on the outer side of the cornea. After the injury he got better, and, when several months had elapsed, noticed that a small tumor was developing at the seat of the injury. After four or five months this had encircled the cornea, and gave rise to intense pain. Last May the eye was removed. An examination of the specimen by the microscope proved it to be that rare form of disease, epithelial cancer of the conjunctiva.

Dr. Knapp explained on the blackboard how

the cancer cells extended into the tissue of the cornea by first involving the nearest cornea corpuscle, dilating that, then, as all these cornea corpuscles, nearly, are connected together by their extremities so as to appear like a web, it follows that, sooner or later, all, or nearly all of the corpuscles will be dilated with this cancerous material.

Dr. Knapp also showed several microscopic specimens, showing the union of healthy and diseased tissue. There was one specimen in particular, under a well defining instrument, where a yellow band of cancerous cells had extended far into the corneal tissue. The epithelial cells of the cancer were well made out, and proved clearly the mode of extension of the disease, indeed, nearly as much so as the diagrams on the blackboard.

CHENANGO COUNTY MEDICAL SOCIETY.

The Semi-annual Meeting of the Chenango County Medical Society was held at the Eagle Hotel, Norwich, on Tuesday, June 9th, 1874.

Present, Drs. G. W. Avery, R. B. Prindle, J. D. Guy, A. C. Hazard, M. D. Spencer, J. W. Thorp, E. S. Lyman, H. C. Lyman, C. M. Purdy, D. W. Crumb, E. Odell, W. H. Stewart, J. V. Lewis, B. J. Ormsby, C. M. Myers, W. H. Beardsley, J. T. Jameson, Wm. D. Purple, S. F. McFarland, H. Harris, Wm. H. Kinnier, H. Halbert, S. M. Hand, H. K. Bellows, B. F. Beardsley, L. E. Thorp, H. H. Beecher, H. M. Smith, D. White, D. M. Lee, Fort Van Keuren.

The society was called to order by the president, Wm. H. Stuart. The minutes of the last meeting were read.

On motion, Drs. S. Maxon and S. W. Root, of the Madison County Society, were invited to

participate in the proceedings of the session. Drs. E. S. Lyman, C. M. Purdy, and J. W. Thorp were appointed members of the business committee.

J. F. Mosier was elected a member.

Drs. G. W. Avery, Wm. H. Beardsley, and R. B. Prindle were appointed a committee to draft resolutions on the demise of one of the oldest members of the society, Dr John Clark, of Guilford, said resolutions to be presented at the next meeting.

Dr. Wm. F. Beardsley introduced a case of inguinal hernia complicated with hydrocele. The application of a proper truss for the hernia, and the trocar, with iodine externally, for the hydrocele, were recommended.

Dr. J. T. Jameson read a paper on hernia. Remarking that science is often benefited more from a true history of unsuccessful cases than successful ones. The doctor quoted from a large number of cases seen by him in the hospitals of Edinburgh and London, as well as those observed in his practice in this country.

On motion, a vote of thanks was tendered Dr. Jameson for his paper, with a request that it be furnished for publication.

Dr. Maxon read a paper upon placenta previa, followed by fatal hemorrhage.

Dr. McFarland exhibited a case of cataract, with a view to illustrate the good results of De Graffe's operation.

Dr. Lee presented a specimen of calculous formation of large size found in a schirrus stomach during an autopsy. Other cases were presented by the several members, all of which elicited more or less discussion.

On motion, the society adjourned to meet at Norwich, on the second Tuesday in October, 1874.

D. M. LEE, Secretary.

EDITORIAL DEPARTMENT.

PERISCOPE.

Cholera and Sun Spots.

Mr. G. B. Jenkins recently read, before the Historical Society of London, a remarkable paper on cholera, in which he maintained that the disease is intimately connected with auroral displays and solar disturbances. "I believe that I am able to show that a remarkable connection exists between the maxima and the minima of cholera epidemics and of solar spots. You are all probably aware that the great astronomer, Schwabe, discovered that the sun spots have what is called a ten-year period; that is, there is a minimum of spots every ten years. It was also discovered that the diurnal variation in the amount of declination of the magnetic needle has a ten-year period. The

same was proved in regard to earth currents, and also auroræ. The maxima and minima of the four were found to be contemporaneous. This was a great result; but Prof. Wolf, on tabulating all the sun spots from the year 1611, discovered that the period was not ten years, but 11.11 years. This period is now the accepted one for the sun spots, and it has been established for the magnetic declination, and by Wolf for the auroræ. Now, it is a curious fact that the last year of every century, as 1800, has a maximum of sun spots, so that the minima are 1800, 1811.11, 1822.22, 1833.33, etc. The maxima do not lie midway between the minima, but anticipate it by falling on the year 4.77 after a minimum; for example, 1800 was a minimum year, then 1804.77 was a maximum year. Now, cholera epidemics have, I believe, a period equal to a period and a half of sun

spots. Reckoning then from 1800, we get as a period and a half the date 1816.66, which was shortly before the great Indian outbreak; another period and a half gives 1833.33, in which there was a maximum of cholera; another, 1849.99 that is, 1850, a year having a maximum of cholera; another, 1866.66, a year having a maximum of cholera; another, 1883.33, as the year in which there will be a cholera maximum. It follows from what has been already said that 1783.33 would be a year in which cholera was at a maximum. Now it is a fact that in April, 1783, there was a great outbreak of the disease at Hurdwar.

"I am not, however, prepared to say that sun spots originate cholera; for they may both be the effects of some other cause, which may indeed be the action of the other planets upon the earth and upon the sun.

"My own opinion, derived from an investigation of the subject, is that each planet, in coming to and in going from perihelion, more especially about the time of the equinoxes, produces a violent action upon the sun, and has a violent sympathetic action produced within itself, internally manifested by earthquakes, and externally by auroral displays and volcanic eruptions, such as that of Vesuvius at the present moment; in fact, just such an action as develops the tail of a comet when it is coming to and going from perihelion; and when two or more planets happen to be coming to or going from perihelion at the same time, and are in, or nearly in, the same line with the sun, being, of course nearly in the same plane, the combined violent action produces a maximum of sun spots, and in connection with it a maximum of cholera upon the earth. The number of deaths from cholera in any year, for example, the deaths in Calcutta during the six years 1865-70, increased as the earth passed from perihelion, especially after March 21, came to a minimum when it was in aphelion, and increased again when it passed to perihelion, and notably after equinoctial day: thus affording a fair test of my theory.—*Scientific American*.

Recent Plans for Using Mercury.

Mr. Charles J. Cullingworth, of Manchester, England, has been studying the subcutaneous use of mercury in syphilis, etc. His paper is in the *Lancet*, May 23. He makes use of the following formula:—

R.	Hydrarg bicyanidi,	gr. xij.
	Glycerinæ pur.	ʒiv.
	Aq. dest. ad,	ʒiv.

Medium dose, ten drops (containing 1-16th gr.), to be injected into the outer aspect of the upper arm, or, better still, between the spine and the lower angle of the shoulder-blade, every morning, or as often as required.

He claims for this method special and unquestionable advantages. They are these:—

1. The certainty and rapidity with which the symptoms disappear.

2. The small quantity of mercury necessary.
3. Exactness in the measurement of the dose.
4. Impossibility of disappointment through patients neglecting to take their medicine, etc.
5. Absence of gastric and intestinal irritation.
6. Economy in hospital use.
7. The avoidance of the publicity involved in using baths.
8. The means it affords of rapidly affecting the system in certain grave complications.

In the *Medical Times and Gazette*, Mr. Bryant, of Guy's Hospital, gives a case illustrating the use of the drug in suppositories.

Mary A. B., aged 29, a married woman, was admitted into Guy's Hospital, under Mr. Bryant's care, on May 16, 1871, with a chancre on the upper lip, below left nostril. It appeared six weeks before as a pimple, and has gradually increased since. At present the chancre is the size of a sixpence, with raised edges, and a very indurated base. The glands beneath her jaw on the left side are indurated and inflamed, as are also those behind the sternomastoid muscle.

No history of contagion could be made out, beyond that she had been nursing a child that had been vaccinated and was covered with an eruption.

Mr. Bryant, having no doubt as to the syphilitic origin of the sore, ordered the suppositorium hydrargyri gr. v, to be used twice a day, with quinine mixture.

May 21. A papular specific eruption has appeared over her face and body.

31st. Chancre healing. Cervical glands less swollen.

June 2. Slight sore throat appeared.

6th. Gums slightly affected by the mercurial suppository. This is to be used only every night. Eruption fading; chancre healing.

9th. Eruption has almost gone. Throat better.

14th. Itis appeared in right eye. Atropine drops ordered. Repeat suppository twice a day.

24th. Eye rapidly recovered; chancre cured; eruption appears only as a stain.

July 5. Left hospital, well.

It might be added that Mr. Bryant has for some years been using mercury in the form of the suppository, and he finds it a far more satisfactory way of using the drug than by the mouth; it acts well upon the disease for which it may be prescribed, and in no way injuriously affects or disturbs the digestive apparatus.

The Sarcotome; a Substitute for the Elastic Ligature.

Dr. Hollis, of London, has invented an ingenious instrument with the view of cutting through the soft tissues of the body painlessly. It consists essentially in substituting, as a cutting apparatus, a waxed thread tightened by a spiral steel spring for the caoutchouc tubing which has hitherto acted as the elastic ligature. The spring is confined in a small metal tube closed at one end, and wormed as a screw at the

other, in order to receive externally a ring. A short cylinder sliding over the metal tube is fixed to one end of the spring by means of a screw passing through longitudinal slits in the sides of the tube. Lastly, a metal cap fits on the closed extremity of the tube, and the free end of the cap is formed into a ring of metal, so arranged that one opening is terminal and the other lateral. When arranged for use, the free extremity of the spring is forced against the closed end of the tube by means of the sliding cylinder. A waxed thread or other ligature is placed round the parts to be severed, the surgeon then passes the ends of the ligature through the terminal opening of the cap and out at the lateral one, and fastens the ends by a screw-nut fixed on the outside of the cylinder. The spring is next released by removing the ring, and its whole pressure is then exerted upon the ligature. The instrument weighs less than one and a half ounces, is about three inches in length, and capable of exerting a pressure of eleven pounds. The inventor claims for the sarcomote many advantages over the elastic ligature, inasmuch as the instrument can be used with any form of ligature, thus diminishing the risk of breakage. A constant known pressure may be kept up for any length of time by occasionally readjusting the ligature, and in the few cases in which it has been used by Mr. Callender the operations were absolutely painless. The weight of pressure is indicated by a graduated scale on the inner cylinder.

Diet in Dyspepsia.

In a lecture translated in the *London Medical Times and Gazette*, Prof. Leube discusses the best form of diet for dyspeptic patients, and insists on the maxim that "for a sick stomach there is no better diet than rest." However, it is not necessary to adopt such a maxim literally in most cases of dyspepsia, involving, as it does, the exclusive use of enemata; ordinarily, we may content ourselves by giving "easily digestible" food by the mouth. The relative digestibility of different foods has occupied the attention of many observers, without even yet being satisfactorily understood. We want still to know more of the relative share which is taken by the different parts of the alimentary canal in the process of digestion. It is not at all desirable that a dyspeptic patient should have food ordered him which is only digestible by the stomach. Foods which by their consistence and form mechanically irritate it do not cause so much harm to it as foods on which the gastric juice can act easily, and which therefore remain long in it. Individual constitution and the nature of the particular disease must be also considered in deciding on forms of diet.

It is probable that young veal, chicken, pigeon, boiled fish, and underdone beef are the most suitable foods for most patients, of course, with the exception of milk and eggs, which are the most digestible of all. Meat should be underdressed, not only because it becomes

tough by much cooking, but because Fick has recently shown that the same gastric juice digests cooked meat three times as slowly as raw. Eggs should be taken soft-boiled, and not raw, for Leube has found by experiments on himself that their albumen is more easily digested when cooked than raw; and Fick has also shown that there is at any rate no advantage in the uncooked form over the cooked, so far as digestibility is concerned. Fat sauces must be abstained from, because they shield other food from the action of the gastric juice. The only vegetables which Leube allows are asparagus, young peas, and carrots, and mashed potatoes. Bread he gives stale. He usually forbids all alcoholic liquors.

A Novel Method of Extracting Deciduous Teeth.

The editor of the *Missouri Dental Journal*, February, 1874, says:—

"Among the many useful little articles which it is always convenient to have at hand in a dental office, is small rubber tubing, in sizes from an eighth to a fourth of an inch. The uses to which it is adapted, viz:—as a means of separating teeth, holding the rubber dam on the molars or other teeth when central cavities are to be filled; as a dam, in connection with the napkin or bibulous paper when the Barnum dam is not at hand. In correcting irregularities of the dental arch its use in various ways has suggested itself to the intelligent dentist. For this purpose it is an indispensable article with us; in fact we feel that we might say, without fear of successful contradiction, that any irregularity of the arch, no matter how great, can be corrected by a proper use and application of these little rubber rings and the silk ligature. But we have now to record a new use for this useful little article, namely, the extraction of the deciduous teeth. Some of our readers may perhaps know from sad experience the effect of leaving a rubber ring for a day or two surrounding the neck of a tooth. If it was an incisor or canine, you had the mortification of seeing your patient return with a very sore tooth, which was gradually being drawn from its socket. We have had a little experience of this kind, and it has taught us useful lessons. We have learned from it never to leave, for a moment, a rubber ring on a tooth which we did not desire to extract, without having a ligature passed through it to remind us of its presence. And again, if we desired to extract a deciduous molar for a timid child the rubber ring furnished the most convenient and ready means of doing it without pain, and to the great surprise and gratification of our little patient. All we found to be necessary in the case was to slip one of the rings over the tooth, force it gently under the gum and dismiss our patient with the injunction not to remove it. The tooth would gradually loosen and finally fall out, the rubber ring having surely, silently, and painlessly done the work of the dreaded forceps.

Quinine as an Oxytocic.

At a meeting of the Philadelphia Obstetrical Society Dr. Packard related the following case: A lady had been confined twice; both labors tedious, the shortest thirty-six hours long. Three weeks before the expected time of a third confinement she contracted a cold, for which he gave her quinine, six grains per day. Thirteen days before time he was again sent for, and found the patient in labor. Two points here suggest themselves: first, would any quantity of quinine produce labor? second, would so small a quantity? On examination the os was not dilated, though some water had come away. At 10½ P. M. he was sent for, and found the os sufficiently dilated to admit the fingers.

No change took place for the next two hours. At 2 o'clock Squibb's ether was given, the patient taking it herself. At 3.20 the child was born, and the placenta delivered.

As in this case the ether had the effect of dilating the os uteri, this fact is opposed to the idea advanced some years ago, that the administration of anæsthetics lessened the expulsive pains. He thought this case showed that ether will in many cases positively promote the expulsive powers of the uterus.

Dr. A. H. Smith had used quinine in patients exposed to miasmatic influences, in amounts of twelve to twenty-four grains daily, and had never seen any uterine action set up previous to labor. After labor has begun, then it may act as a stimulant, precisely as other stimulants. He had seen the uterine contractions increase in frequency and intensity, but not to any greater extent than we would have from the use of any diffusible stimulant. He had seen no tendency in quinine to produce premature labor.

Dr. Packard referred to the different susceptibilities of people to the use of quinine. With some, cinchonism is produced by a few grains. There may be peculiarities also in regard to the uterus.

Drs. Taylor and Yarrow expressed the same views in regard to the use of quinine. They never hesitated to give it to their pregnant patients, when needed.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Report of the Board of Health of the City and Port of Philadelphia, for 1873. pp. 255.

To statisticians the volume before us will prove a mine of great wealth. Everything is tabulated and formulated, the births, the marriages, the deaths. Every point is worked out to the most marvellous exactness. We quote: "The most popular age in marriage was be-

tween twenty and twenty-five." "Under the age of twenty there were only 41 grooms, but 1585 brides." We are given in detail an account of everything supposed to militate for or against the health of the good people of the city.

We congratulate Dr. Ford, who appears to have done a large share of the work, upon the faithful manner in which he has performed it, and the Board for the possession of so valuable a member. While we cannot find any fault with the personnel of the Board, we would suggest to those who appoint, that in the future a larger number of physicians of scientific attainments, and with leisure to attend to the work, should be appointed. Perhaps we have said too much, as we apprehend that a really useful body of men in any of the departments of our city government would be abolished as soon as discovered.

The Entailments of Alcohol; being the Annual Address of the President of the State Board of Health, of Michigan, Dr. H. O. HITCHCOCK. pp. 32.

Dr. H. first treats of alcohol and its nature, regarding it *not as a food*. Under the caption of "How Much Alcohol and Alcoholic Drinks are Used?" we are assured that as one fourth of the population of the United States are drinkers, *there is expended on an average \$200 for each*. The pathological effects of the use of alcohol are carefully shown up, both from the views of the physiologists and hospital experience. He seems to regard the taste as frequently created by the use of tinctures and "bit-
ters," so called.

The drunkard bequeathes to his offspring "mental debility, low and depraved appetites, weakness of will, loss of moral sense, vice and crime, insanity and idiocy." Dr. Howe, of Boston, says of three hundred idiots, very nearly one half were the children of habitual drunkards.

We cannot pursue this subject further, but would most earnestly commend this paper to the careful attention of all who love their fellow men and desire the perpetuation of the race with full vigor and manhood.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 18, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

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The experience of country practitioners is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

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OFFICE OF

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115 South Seventh Street,

PHILADELPHIA, PA.

THE ELEMENTS OF LONGEVITY.

"With long life will I satisfy him," is one of the promises made of yore to the virtuous man. Asked of which disease he would prefer to die, a wit promptly replied, "Of old age." Restricted as are the enjoyments of the aged, and confident as they may be of a painless home in the Hereafter, they rarely or never feel quite ready when the Angel of Death sounds his summons. Like the Wanderers in William Morris' charming poem, "The Earthly Paradise," we all would

"risk the rag, to find a happy land,
Where at the worst death is so far away,
No man need think of him from day to day."

We sympathize with, though we smile at, the Irish orator who exclaimed, "Tell me the land where men do not die and I will go thither to end my days."

According to the venerable Thurlow Weed, the region most nearly fulfilling this ideal is Monroe county, Pennsylvania. In a letter to the New York Tribune, he speaks of a judge there appointed to the bench after his eightieth birthday, who fulfilled the duties of his station with marked ability. He adds that the climate of that portion of Pennsylvania contributes to the longevity of its citizens. George Labar, a resident of Monroe county, is 112 years old. Mr. George Trivle, of Daleville, is the oldest landlord in the State of Pennsylvania, having kept tavern ever since licenses were granted by the Governor of the State, and is now, at the age of 109 years, proprietor of the hotel at Daleville. The ages of these two veterans are both well authenticated.

Monroe is a mountainous county, with numerous streams of fresh, pure water, the valleys having an average elevation of about five hundred feet above the level of the sea. The soil is gravelly or rocky, well drained and productive. A thorough investigation of this local question by some of our readers would be gladly published by us.

Dr. S. P. CUTTER, some years ago, in the New Orleans Journal of Medicine, made the sugges-

tion that as the common cause of debility and death in the aged is a chemical change of the tissues, especially a tendency to ossification and a general excess of the mineral elements of the body, that an appropriate diet, one deprived of mineral salts, especially the phosphates, would counteract this. Sugar, acid fruits, butter and fat he recommended; but milk, eggs, and hard water should be avoided.

This plan has some points of similarity with an interesting inquiry of a physician of London, Dr. JOHN GARDNER, who has just published a book on "*The Means of Prolonging Life After Middle Age.*" He differs from our friend Dr. BEARD, of New York, and puts the period of commencing bodily and mental decline at the age of sixty-three, which corresponds to the grand climacteric of the older writers, and is supported by general observation. By care and attention to minor ailments, as soon as they are felt, the duration of life may in many instances be greatly extended. Some of Dr. GARDNER's suggestions are like those of Dr. CUTTER. For instance, he recommends not merely the use of the softest and purest water supplied by nature, but absolute abstinence from any water except it be distilled; the vapidity of which, he declares, can be removed by salinating it with carbonic acid gas; and he further proposes that this should be drunk at a temperature of 120° F., as at this heat it promotes the digestion and assimilation of food, and supersedes the use of aperient medicine, whilst it will equally correct a disposition to diarrhoea. It is also free from mineral constituents.

The occasional *rejuvenescence* of the extremely aged is a well attested fact which has as yet met no satisfactory physiological explanation, so far as we know. The eyesight loses its dimness, and spectacles are discarded; the hearing, long impaired by senile obtuseness, regains its acuity; a fresh crop of hair clothes again the head which for decades has been bald, and not gray locks, but of the color worn in early youth;

even new teeth appear on the long toothless gums! If we could follow the functional changes which bring about these extraordinary revolutions we might be able to aid and hasten them, and thus postpone senility to an indefinite period. There is a field here worth working, and there are discoveries to be made in it quite as surprising as any yet told in the fairy tales of science.

NOTES AND COMMENTS.

Puncturing the Mastoid Cells.

Dr. J. P. Creveling, in the *New York Medical Journal*, says that for this operation the instrument he has used is an ordinary trocar, which he thinks possesses the following advantages over either the gimlet or trephine:—

1. There is less danger of injuring the internal table, an occurrence of no little importance to the operator or patient.

2. It is much more manageable than either a trephine or gimlet.

3. The operation can be performed in less time.

4. It is the only instrument required, the cutting edges of the trocar dividing the soft parts sufficiently for the escape of the contained fluid.

The Apothecary's Oath.

Who is the guardian saint of the apothecaries we do not know; but somebody has disinterred an ancient oath which formerly had to be taken by every French pharmacist. It runs thus:

"I take to witness, before all, God the Creator of the Universe, in three persons, that during the whole of my life I will observe that which follows:—

"I will live and die in the Christian faith. I will honor my parents. I will honor the physicians and masters under whom I have studied. I will never say anything that shall be injurious to the seniors of our order, or to others. I will adorn with my best the dignity of the art, and I will not reveal its secrets. I will do nothing imprudently nor through hope of gain. In acute sickness I will not give purgatives without the order of the physician. I will not touch the secret parts, except to apply remedies to them. I will keep the secrets of the patients. I will administer no poison, neither

will I allow it to be administered, even to my enemies. I will not give an abortive remedy, even to provoke the expulsion of a fetus, except upon the order of a physician. I will not alter the prescriptions of physicians. I will never substitute one remedy for another without their knowledge. I will discourage the fatal practice of empirics. I will refuse to no person my legitimate assistance. I will not keep in my pharmacy stale or badly prepared medicaments.

"In making and observing these rules, may God assist me. *Ainsi soit-il!*"

That is not such an antiquated oath but that we should like to see it revived and—respected.

The Correction of Difficult Presentations by Manipulation.

At a meeting of the Philadelphia Obstetrical Society Dr. Parry read a paper on manipulation by the hand in correcting difficult presentations.

He advocated the introduction of the hand (the patient being thoroughly etherized) with the back to the hollow of the sacrum, grasping the head of the child firmly, and then, by lifting the head above the brim of the pelvis, the desired movement can be effected. If the presentation is a face, it can be converted into a vertex presentation. If the position be occipito-posterior, it may be changed by rotation above the brim of the pelvis into an occipito-anterior position.

Dr. Packard thought that in a face presentation it would be easier to introduce the hand with the back anteriorly between the child's head and the pubis, and then grasp the occiput and bring it down. He alluded to a case in which he had succeeded in thus changing the presentation from a face to a vertex.

The Diagnosis of Syphilitic Nerve Affections.

In his recent work on syphilis, Dr. Buzzard, of London, points out that though there may be no pathognomonic symptom of the specific origin of a nerve disorder, yet the peculiar grouping of the symptoms "may lead of itself to a probability but little short of certainty." And some points, three in particular, are specially noticeable: 1. The age of the patient. In young adults, free from heart disease and disease of the kidneys, syphilis should be suspected as the cause of nerve disorder much sooner than in patients of older age, whether older in years or only old in constitution. In connection with

this point, Dr. Buzzard says:—"I have little hesitation in stating my conviction that, putting aside cases of injury, hemiplegia or paraplegia occurring in a person between twenty and forty-five years of age, which is not associated with Bright's disease, nor due to embolism (from disease of the cardiac valves), is, in at least nineteen cases out of twenty, the result of syphilis." 2. "The existence simultaneously of two or more grave lesions of the nervous system, not necessarily connected," is a condition of great significance; "it is exceedingly uncommon except as a result of syphilis, and very common in the disorders of the nervous system which are consequent on that disease." 3. "The existence of marked cachexia unexplained by evident disease of any of the viscera." These are sign-posts specially pointing to the existence of syphilitic infection.

The Inventive Genius in Woman.

Some misogynist, we forget whom, has asserted that a woman has never invented any really valuable mechanical device. We rejoice, therefore, to borrow from a cotemporary the fact that Mrs. Ella N. Gaillard, of San Francisco, a sister of Dr. Charles F. Neilson, formerly of the U. S. Army, has recently invented and patented the most ingenious and perfect instrument in the shape of a needle, extant, which has also a medical application.

It consists of a straight (but may be made curved) needle, the head of which is drilled longitudinally, with a screw thread made along the drilled portion, so that when silk or cotton is used it is but necessary to wax the end of the thread and screw it by a rotary motion of the thumb and index finger into the opening made by the drill. When wire is used by the surgeon it is but necessary to introduce the extremity of the suture into the same apparatus, and with the same motion fix it firmly.

Diagnosis of the Early Stage of Hip Joint Disease.

Dr. L. A. Sayre, in a clinical lecture in the *Medical Times*, says:—

My rule for the normal standard of position from which comparison is made in forming a diagnosis of this disease is as follows:—Place the patient on her back upon a hard surface, her limbs parallel to each other, in continuation of the long axis of the body, the spinous processes touching the table, the pelvis fixed.

Draw a line from the sternum over the umbilicus to the pubes; another from one anterior superior process of the ilium to its fellow; the lines will intersect at right angles if the trunk and pelvis bear their normal relations to each other. If no obstruction exist at the joint the leg can be extended perfectly straight, the popliteal space touching the table. The position in which the diseased limb must be held to give comfort to the patient while the sound limb and pelvis are thus fixed, is the deformity indicating the stage of the disease. This deformity is due to tension in the joint from effusion and muscular contraction, the result of reflex irritation, or to complete muscular rigidity.

Intra-Pulmonary Injections.

Dr. Berkart states, in the *Lancet*, of March 28th, that he lately injected weak solutions of carbolic acid through the thoracic parietes into the lung, in a very bad case of phthisis, at the Tottenham Hospital. The effect produced was most striking. In a few minutes after the operation, which is said to be quite painless, the patient was "sitting up in bed comfortably eating an egg." In Germany, Koch and Moster have recently published observations on this subject.

Estimation of Albumen.

M. L. Girgensohn estimates albumen by mixing the solution with twenty per cent. of salt, and adding a solution of tannin in excess. The precipitate formed is collected upon a weighed filter, and the chloride of sodium washed away with water, and the tannin dissolved out by alcohol. When the estimation is made in a sample of urine, the uric acid must first be removed by adding acetic acid and allowing it to stand.

Umbilical Hernia in Infants.

A "Country Doctor" writes to the *London Medical Times and Gazette*:—

Speediness in the cure of the above, combined with simplicity in the means employed, is, I hold, the great desideratum. What more simple than strips of plaster applied crosswise, or, as I have done during the last ten years, to apply a small pad of lint and one broad strip of adhesive plaster? No case has failed; no soreness have I ever seen, "so far as my memory serves me."

CORRESPONDENCE.

Dominion of Canada—Ontario.

ED. MED. AND SURG. REPORTER:—

In my last I gave you a synopsis of the proceedings going on in the medical world of this part of the Dominion of Canada. Since then we have had a variety of medical matters which not only interest the profession here, but also our professional brethren in the United States. The American Medical Association, which held its annual session in Detroit, Michigan, to which several leading members of the Canadian profession went as delegates, has, as was expected, received our countrymen with fraternal greetings. Fortunately the medical profession, *i. e.*, the regular practitioners of medicine, have nothing to prevent that complete accord of friendly feelings among them which so often happens with politicians and other less honorable and less distinguished professions and callings. The Italian, the French, the Russian, or the German physicians and surgeons can feel as much at home in a congress of medical gentlemen composed of English, Canadian, and American professional men, as each would be in their respective countries. There is something, however, that makes the American regular medical profession more at one with the Canadian and English profession than with foreigners. That something may be the language, which happens to be common to both, or it may be that we recognize in each other those Anglo-Saxon traits of character and cousinship which have happily drawn the thunderbolt of our political elements, and converted antipathies into a species of national love and affection. The Treaty of Washington has healed many a bad sore, and no doubt will ultimately lead to a broader and more sincere love of race and kindred in the future. But the medical profession did not require that instrument to establish mutual regard and mutual intercourse with each other. Years, or at least a short time, before the negotiations were entered into at Washington, the Canada Medical Association had extended invitations to your Medical Association to send delegates to our annual gathering. The first gentleman who made his appearance among us was Dr. Davis, a gentleman who won the esteem of all who came in contact with him. Canadians are not very impulsive, as a general thing, and probably for this reason we did not give your delegates as flattering a reception as was accorded to our delegates to the Detroit meeting of the American Association. Neither is Canada so rich nor so well provided with benevolent, large-hearted gentlemen, so common in the United States, as well as in older countries, but we appreciated the honor none the less. Our time will come, before very long, when we trust it will be in our power to entertain our friends and reciprocate in such a way as will make up for any deficiencies in the past. The medical profession, generally speaking, is made up of gentlemen largely endowed

with the faculty of reason, and when good sense accompanies good reasoning powers, they make the man not only more cosmopolitan, not only more benevolent, but also more philanthropic. When life is at stake neither the death-dealing cholera, nor burning fever, the yellow-jack of New Orleans, nor the bullet of the rifle, prevent him from taking his life in his hand to administer to the wants and contribute to the recovery of dying man, and thus medical men, wherever found, when trained and educated in the schools of science, instead of being antagonistic to their species, of whatever race, religion, or color, are really angels of mercy. So much for the medical profession.

From whatever cause, death is busy with our people this year. Acute rheumatism prevails in every section of the country. There is also a large number of cases of typhoid fever, not epidemic, however. The large cities are singularly free from the latter disease, while the rural parts are suffering more than ordinarily. If I might venture to give an opinion upon these somewhat anomalous circumstances, I would say that our climate has something to do with it. For instance, last winter was generally considered to be one of the mildest we have had in Canada for many many years, but it was changeable as well as mild. The spring months were uncommonly dry; indeed, everybody was complaining. Crops just planted appeared to scorch in the ground, the winter wheat was partly killed, wells were dry, fodder was scarce, and, in a word, the outlook for the farmer and business man was far from cheering. About the 14th of May a change took place, and ever since we have been blessed with abundant rain, succeeded by a fierce burning heat; vegetation was very rapid, as might be expected under such circumstances. Crops began to give promise of hope to the farmer, the grass sprung up as if by magic, and the half or whole starved cattle obtained what they needed so badly, and so all nature, man and beast, seemed to rejoice. As if the laws of nature demanded compensation in one way or another, Man, who was so ready to complain about the justness of the great Architect of the Universe, which held back the rain clouds in the spring, now suffers from the very rankness of the vegetation which the bountiful and timely showers of rain started into life. Half-starved milch cattle suddenly turned loose and eager to enjoy the fresh young grass could not fail to eat their fill. The transition must have had a wonderful effect upon these animals; allowing that their health did not suffer from the effects of the young grass on the digestive organs, still it acted like a life restoring medicine, exciting an increased secretion of milk, and at the same time supplying the worn-out fatty tissues to the body, which deprived the milk of those nutritious and healthful elements that ordinarily belong to healthy milk. Milk and butter are extensively used at the tables of our farmers, more especially at this season of the year, when the fresh and salt meat diet of the winter months are no longer relished

by the hungry, hard-worked farmer. The farmer, like the cattle belonging to him, requires the very elements in his food which are so eagerly sought for and devoured by the cattle; but the farmer will not eat grass nor any green vegetables, for the reason that he may have an inherited prejudice against such diet, and if not, he may not be able to obtain what is so essential at this time of the year as an article of food. The milk does not contain the elements he wants, for the animal takes up those elements for its own nutrition. The butter is also wanting in the very constituents of food necessary for men's health, but ignorant of these facts, farmers, and, in fact, the general body of the people who are able to procure these luxuries, eagerly consume both milk and butter, and the consequence is that fully one half of the consumers are afflicted with rheumatism, as might be expected, from the absence of saline substances, and with typhoid fever, from the absence of the bitter principle in the food appropriated in the economy of the animal, as well as from a deteriorated condition of the milk supplied by the animal itself. Children suffer from scarlet fever, measles, and other exanthemata, which become epidemic, and which unquestionably originate in the same manner and from the same cause. The meat diet of the winter months produces lumbrici, which, in the spring months of the year, begin to create restlessness in the child, and from the irritation caused by these repulsive inhabitants in the delicate stomach and alimentary canal of the child, excite almost every form of malignant or irritative disease. Medical practitioners as a general thing do not give sufficient attention to these things in the treatment of spring diseases, and the consequence is they number many deaths among their patients. Rightly understood, and careful attention being paid to these matters, enable the medical practitioner to make a correct diagnosis and then to prescribe correctly, not only the proper remedies, but also the proper diet in each case. It would be a great blessing to mankind in general if medical practitioners would apply themselves scientifically to investigate disease and the causes of disease, and if a sound understanding is brought to bear upon the case there will be little need for them to depend upon the long list of remedies given in our text-books. The medical profession, that is to say, the thoroughly educated medical profession, can only prescribe intelligently when they examine these things, and, by a logical sequence of facts, arrive at an intelligent acquaintance with the case in hand. The medical man who depends upon memory, and trusts to the judgment of text-books which describe and prescribe for disease, has not a correct appreciation of his noble calling. These text-books, useful and necessary as they are, cannot supply understanding or good judgment. Text-books train the mind, study rubs off the coarse, rough work of the pick on the square surfaces of the ashlar, but it requires judgment and a delicate hand, with a fine sense of understanding and powers.

of reasoning, to polish the mind in order to prepare it for those important duties which every medical practitioner is called on to discharge almost every day of his life.

As certain as quinine is a specific in intermittent fevers, and antonine a remedy for lumbrici, so certain is it that there is no disease to which the human being is subject but may be treated as successfully if the kind of investigation I refer to is made the rule and not the exception. Hygiene and the inculcation of sanitary rules, together with a sound practical judgment brought to bear whenever these are necessary, cannot fail to eradicate those conditions which are the prolific source of so much suffering and disease in the world. Removing and combating the cause of disease is the true province of the physician, and when he combines such qualities of the mind as we have referred to with a genuine regard for the public, then his mission is truly a noble one, and well compared to that of a "good angel." If disease were removed entirely from the earth, the work of the physician would not necessarily cease. It is not diseased mankind that makes the profession wealthy, honored, or sought after. It is an intense longing of man for longer life, and if long life can be brought about without the necessity for exhibiting medicines, are not those men truly honorable, truly majestic, who have contributed to this end.

A curious discussion has been going on here between Dr. Fulton, the editor and publisher of the Canada *Lancet*, and one of our leading medical practitioners, on a question of professional etiquette. It appears that during the late session of the Provincial Legislature, a leading secular newspaper, somewhat radical in its views of medical subjects, published several leading editorials and letters of correspondents relating to the medical legislation to which I referred in my last letter. The newspaper takes its stand upon the ground that there should be free trade in the practice of medicine. That, in fact, Tom, Dick, or Harry, or any other man, learned or unlearned, wise or foolish, has a perfect right to practice medicine and surgery, if there are any persons foolish enough to allow them to practice on them. It is disposed to favor homœopathy, and has thrown open its columns to the chief of the homœopaths to ventilate his opinions on this pathy and cognate subjects relating thereto. When the new medical bill was passing through the Committee of Parliament several medical gentlemen ventilated their ideas in favor of or against the proposed legislation, not only in the columns of the above mentioned newspaper, but also in several other leading newspapers. Gentlemen interested in the passage of the new act wrote several letters in defence of its several provisions, and, of course, in opposition to what they thought were fallacious arguments against the bill. There is no doubt whatever that these letters, and the editorial comments of the several newspapers, not only brought the proposed legislation more prominently before

the public, and the representatives of the people in Parliament assembled, but they also contributed to explain the rotten pretensions set up by the homœopaths and eclectic, and at the same time assisted materially in establishing the liberality of the views held by the regular profession (nicknamed "allopaths"). The result was, as I stated in my last letter, that the Legislature passed the bill, and refused to grant the separate corporate powers asked for by the homœopaths and eclectic. Months have passed since then (the Legislature was prorogued some time in March), and, as a matter of course, medical discussions through the public press came to an end. The *Lancet*, a really well managed and ably edited medical periodical, published monthly, took the ground that the public press was not a legitimate channel through which respectable medical gentlemen should discuss medical matters. That, in fact, so long as there were medical journals whose columns were open to the profession for the discussion of questions purely medical, they should only be resorted to for this purpose. The medical gentlemen who had figured so prominently in the columns of the public press were pointed at, as if they aimed rather to gain public notoriety than for any special personal regard for the success of the medical bill before Parliament. This, of course, excited the ire of one of the writers above referred to; and, by way of retaliation, he wrote a letter commenting in somewhat severe terms on the criticisms of the editor of the *Lancet*. The editor of the *Lancet* refused to publish it, and immediately this became known the indignant writer forwarded a copy of the said letter, with his explanations of the editor of the *Lancet*'s "discourtesy," as he termed it, to one of the leading daily newspapers. The letter certainly contained some effective, and, I think, justifiable arguments against the stand taken by the *Lancet*, and I cannot see how the editor of the *Lancet* will be able to get out of the difficulty he was the first to create. The letter, very properly, I think, maintains that it is not a breach of medical etiquette to advocate medical legislation in the public press, as by this means only is it possible to bring medical arguments in favor of such legislation before the people or their representatives. Medical publications circulate chiefly among medical men, and therefore would not be a vehicle open for discussion to the general public. Since the representatives of the people are not all medical men, they also would be ignorant of anything appearing in medical journals. Therefore it was not only justifiable, but necessary that the daily press should be used as a proper vehicle for the discussion of such medical questions as interested the profession and the public, who had the power, through their representatives, to grant the legislation asked. Here the matter stands at present, but I expect a lively rejoinder next month, in the *Lancet*, which I trust will not keep up a strife that can accomplish no good, but is likely to do harm.

In surgery there is not much to report beyond what appears in your exchanges. A case, however, of some importance is reported in the *Canada Medical Journal*, for June, described as a "case of diffused abscess, extending over and around the right shoulder—death." In a medical point of view the particulars are all right, but in a surgical point of view there are several particulars which not only show gross ignorance of the case, but prove incontestably that the surgeons were at fault in their diagnosis. The subsequent treatment, I think, does not correspond with modern practice. In fact, without finding fault with the operation and practice of the gentlemen who had charge of the case, I would conclude, they were inclined to think that the mischief was in the chest—thorax, if you will believe it, instead of being in the shoulder, as they afterwards discovered. It is hard to find fault with gentlemen of high standing in the profession, but it is harder still to allow the blunders of the professed leaders of the profession to escape us without a word of criticism or fault finding. On the whole, the surgical profession of the Dominion are well worthy of the distinction which such men as Drs. Campbell, Pelletier, Rottot and Marsden, of the province of Quebec, and Drs. Richardson, Fulton and Lizars, of Ontario, have attained, but while admitting that these gentlemen are eminent and worthy of praise, there are others just as much entitled to honor, less known to public fame, who deserve credit for better surgical performances and more elegant operations than have been performed, but not reported, in the Dominion of Canada. In my next I hope I shall be able to give you particulars of a few operations already performed, but which cannot be reported as satisfactory until the result is known.

CANADENSIS.

Non-Stimulant Treatment for Small pox.

ED. MED. AND SURG. REPORTER :—

Roberts, the man who brought the small-pox here from Chattanooga, died, and no wonder, for I learn that he was given hot toddy or whiskey punch, and anything else he wished for in the way of diet, and kept in a close room, from which fresh air was sedulously excluded by closing doors and windows, and even stuffing the crevices under the door with rags! This, in an unusually warm spell of weather, the mercury as high as ninety-four degrees in the shade, at one time during his illness. His wife or widow has subsequently had the varioloid, and also given birth to a child, who have both convalesced under the judicious treatment of Dr. Atlee. She never entered his room after a diagnosis of his fatal malady was pronounced, and soon after moved with her mother, to another home. The wife of Malone, the man who waited on Roberts, has had, since the burial of Roberts' remains and the return of her husband to his own home, an attack of variola. Malone says he destroyed every particle of clothing he wore while attending on Roberts

and aiding in the interment of his body, clothing and bedding; that he thoroughly washed his person with soap and water, from the crown of his head to the soles of his feet, and bathed well in a large pond of fresh water. Under the non-stimulating regimen Mrs. Malone is doing well. I ordered a cold fluid diet, no whiskey, free ventilation, which was secured by opening two doors facing each other, and all the windows of her room, allowing cold water in small quantities *ad libitum*. She has lived mostly on buttermilk since her disease was known. This I have often found a grateful drink for small-pox patients. So is whey and clabber. When patients become tired of milk, or the stomach will not tolerate it, I am in the habit of permitting the use of cold rice water, gum arabic solution, slippery elm mucilage, or cold flax seed decoction. As I once mentioned, in an article published in the columns of your journal some years ago, during several visitations of small-pox in this locality and vicinity, I have never seen a fatal case, though I have treated more than fifty altogether. I doubt whether a like success has ever favored the stimulating plan of treatment. In a large proportion of the cases of which I have had reliable information, when hot teas or alcoholic stimulants have been given, death has speedily ensued. The disease has never been epidemic here, and, perhaps, less malignant than it usually is. It may be that my experience would have been different elsewhere. The type is probably often more severe than that recently manifested here or in those cases previously occurring during the eighteen years that I have resided here. Nevertheless, in each of the visitations referred to there has been one or more deaths. While the troops were stationed here, during the late war, there were several, and without exception, as I learned at the time, those who died had whiskey, and, probably, solid food, hot teas, coffee, warm soup, etc. Without exception, so far as I know to the contrary, all those which had clean beds, frequent change of clothing, and the cooling regimen throughout, free ventilation, cold fluids as a diet, such as previously indicated, recovered! I have vaccinated many persons, some of whom have waited upon relatives affected with confluent variola, no one of whom has ever had so much as varioloid.

Yours sincerely, W. W. ALEXANDER.
Athens, Tenn., June 22, 1874.

Treatment of Obstruction of the Bowels.

ED. MED. AND SURG. REPORTER :—

Dr. Dunlap has reported a case of obstruction of the bowels, in the *REPORTER* for June 13th, and seemed to have been puzzled to form a correct diagnosis. This, no doubt, was a case of functional obstruction, or inversion of peristaltic movement.

I remember a case, a few years since, of a colored man, who, after a night's debauch at a corn husking, was seized with violent vomiting

of stercoraceous matter, and all the symptoms of mechanical obstruction, which continued for about twenty-four hours, ceased as suddenly as it commenced, and on the morning of the second day the patient resumed his accustomed work. I attributed his attack to spasm of the stomach and bowels, caused probably by an overcharge of "rifle," whiskey. I treated the case with opiates and anti-spasmodics, stimulating enemata, mustard cataplasms to abdomen, etc. Dr. Dunlap's treatment was all that could be desired in his case. S. B. FLOWERS, M. D.

Mt. Olive, N. C., June 23, 1874.

Foreign Body in the Rectum.

ED. MED. AND SURG. REPORTER:—

In the number of your journal of June 13th. Dr. Fox, of Rutland, Vt., reports a case which occurred in his practice, of a "foreign body in the rectum," and would be glad if any one could give an account, or refer to a report of any similar case that may have occurred." I would refer the doctor to that interesting volume entitled a "Collection of Remarkable Cases in Surgery," compiled by Prof. Paul F. Eve, where he will find a number of very curious cases reported, and one very similar to his own. An individual had introduced a "Flemish beer glass into his rectum." The glass was seized with forceps, but broken into many pieces. In order to get the lower part out, it was found necessary to turn it, as the open broken part was turned downward. The man died in the course of a few days after its removal.

Another case is given, reported by Dr. Harris, of Harrisville, Va., of a man having introduced a half-pint flask into his rectum, which was removed. This man subsequently introduced a large beet into his rectum, which after its removal was found to measure nearly seven inches in length and three and a half inches in diameter. But the most singular case is one reported by M. Riali, of Italy, in which a man introduced a large plug of wood into the rectum, under the idea that he would save the trouble and expense of eating. This plug was extracted through an opening made into the colon.

Any one having a taste for the study of rare cases in surgery should possess Prof. Eve's compiled book. P. B. YOUNG, M. D.

Crestline, Ohio, June 18, 1874.

NEWS AND MISCELLANY.

Persons'.

—Previous to his departure for Europe, Dr. Richard J. Levis resigned his position as Surgeon to Wills' Hospital.

—Dr. Lemuel J. Deal, late of Philadelphia, we understand has been elected Professor of Chemistry in Missouri Medical College. From our present knowledge, we say they have done well.

—Prof. John B. Biddle, of the Jefferson Medical College, sailed for Europe July 9th, in the American steamship *Illinois*.

QUERIES AND REPLIES.

W. Whitcomb.—The best reply we can give, is to refer you to the report of the Judicial Council, A. M. A., as published in a late number of this Journal.

E. H. Moore, Carbonate, Kentucky.—The latest is Radcliff.

S. D. S., Moscow, Miss.—Lancet for \$11.

Can learn nothing more of the instrument than what we published in that article.

"D."—Could not suggest treatment without seeing the case.

F. L. G., Newton Falls, Ohio.—Our laws are powerless. All we can do is to educate public sentiment

MARRIAGES.

ANDREWS—WOODWARD.—June 10, by the Rev. Dr. Thomas, Daniel Andrews and Annie J. Woodward, daughter of Dr. Charles Woodward, of East Walnut Hills.

COOK—THORN.—Thursday evening, June 25th, 1874, at St. Peter's Episcopal church, by the Rev. H. W. Spalding, Joseph S. Cook and Kate, only daughter of the late Dr. Wm. Thorn, all of this city.

HARDY—PARKER.—In Peacham, June 23d, by Rev. A. W. Wild, Edward C. Hardy of Framingham, Mass., and Jennie M. Parker, daughter of Luther F. Parker, M. D., of Peacham.

HUBENGER—FRYBARGER.—In Goshen, Clermont County, Ohio, on the 7th inst., by the Rev. J. F. Loyd, John A. Hubenger, M. D., of Wyoming, and Miss Mary E. Frybarger, daughter of Moses Frybarger, Esq.

STURGES—WILLIAMS.—On Wednesday evening, June 17th, at the residence of the bride's parents, Forest Avenue, by the Rev. Thomas Yocom, Henry Hale Sturges, of Mansfield, Ohio, and Mary Williams, only child of Dr. E. Williams.

UNDERHILL—McPHERSON.—On the 16th inst., at the residence of the bride's parents, Fairview, Ohio, by the Rev. F. G. Edmonds, Dr. J. W. Underhill, of this city, and Miss Lida E., daughter of Dr. J. T. McPherson. No cards.

DEATHS.

EMERSON.—On the 2d inst., Gouverneur Emerson, M. D.

GREENE.—Suddenly, May 29th, Carrie Ellison, wife of Dr. John W. Greene, and daughter of the late Capt. Chas. F. Morton.

HAMMOND.—In Stowe, Vt., May 27th, of lung fever, Adin Hall Hammond, aged 66 years.

KARSTEN.—In this city, on the 4th of June, Mrs. Margaret Karsten, widow of the late Dr. Karsten, aged 89 years.

KNIGHT.—In Georgia, June 1st, after a lingering illness, Mrs. Carrie D., wife of Dr. Harvey Knight, aged 24 years, 8 months, 8 days.

HERRON.—In Cincinnati, Ohio, on the morning of the 24th of June, at 8 o'clock, Laverna, only daughter of Dr. Thomas G. and Lizzie Sutherland Herron, aged 2 years and 10 months.

OSBORNE.—Suddenly, on the 21st of June, Arundel Caulfield Osborne, M. D., in the 26th year of his age.